

Newman-Crows Landing Unified School District

E(3) 1330

1223 Main Street Newman, CA 95360

Tel 209-862-2933 Fax 209-862-0113

Permission is hereby requested from the Newman-Crows Landing Unified School District for the

for the following purpose

**Please note that any school activities are given preference over outside facility uses and requests.**

Requested Date(s) and Time(s):

Date: Time:

The school owned materials or supplies needed in connection with this request are:

The \_\_\_\_\_ agrees to pay for any and all damages to school property  
(Organization)

resulting from the requested usage, and further agrees to pay in advance to the School District the

amount of: \_\_\_\_\_ refundable cleaning deposit

\_\_\_\_\_ as rent

\_\_\_\_\_ fee for cafeteria personnel

\_\_\_\_\_ Total Due

Site Administrator Date

Superintendent Date

Food Service Date

Deposit Received Payment by

Rent Received Payment by

Fees Received Payment by

Statement of Information Received

Hold Harmless Agreement Received

Certificate of Insurance Received

Name of Organization

Signed by Date

Address

Telephone Number

**Note to Person Requesting Usage**

A certificate of Insurance, the Statement of Information and Hold Harmless Agreement must accompany this request.